

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90137 006 ****61.25

DOCUMENT # 726456

1. Entity Name

ISLAND HOUSE OWNERS ASSOCIATION, INC.

Principal Place of Business

2050 OLEANDER BLVD
 RECREATION BLDG
 FT. PIERCE FL 34950

Mailing Address

2050 OLEANDER BLVD
 RECREATION BLDG
 FT. PIERCE FL 34950-5334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1740798

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~CORPS, ROBERT~~
~~2050 OLEANDER BLVD~~
~~BLDG 8-201~~
~~FT. PIERCE FL 34950~~

7. Name and Address of New Registered Agent

Name **K. JOHN SHOCKLEY**
 Street Address (P.O. Box Number is Not Acceptable)
2050 OLEANDER BLVD.
BLDG #1-#104
 City **FT. PIERCE** FL Zip Code **34950**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Kenneth J Shockley*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/23/2000
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SPIVEY, KEITH	
STREET ADDRESS	2050 OLEANDER BLVD, BLDG 8-209	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATAKUS, A	
STREET ADDRESS	2050 OLEANDER BLVD, BLDG 7-306	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLS, ROBERT	
STREET ADDRESS	2050 OLEANDER BLVD, BLDG 11-205	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, LINDA	
STREET ADDRESS	2050 OLEANDER BLVD, BLDG 11-207	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, BETTY	
STREET ADDRESS	2050 OLEANDER BLVD. BLDG 3-104	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZYAK, MICHAEL	
STREET ADDRESS	2050 OLEANDER BLVD, BLDG 7-101	
CITY-ST-ZIP	FORT PIERCE FL 34950	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL GIFT	
STREET ADDRESS	2050 OLEANDER BLVD - 1-101	
CITY-ST-ZIP	FT. PIERCE, FL 34950	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICE EGERTON	
STREET ADDRESS	2050 OLEANDER BLVD. 1-102	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA MOORE	
STREET ADDRESS	2050 OLEANDER BLVD. 11-104	
CITY-ST-ZIP	FT. PIERCE, FL 34950	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER SILVIA	
STREET ADDRESS	2050 OLEANDER BLVD 1-103	
CITY-ST-ZIP	FT. PIERCE, FL 34950	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth J Shockley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2000 **561-460-2241**
 Date Daytime Phone #

CRE037 (9/99)